1 x 1/8 read Trom Beth purche

## MEDICAL REPORT FORM

## WASATCH COUNTY SCHOOL DISTRICT LUNCH WORKERS

	has	appeared	before	me	this	day	for	the	
purpose of a physical examination.				,					

I wish to certify that the applicant (is) (is not) in good physical health and free from any condition that would prohibit (her) (him) from working with the school lunch program.

Examining Physician

Date

Address